

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application For class C  
Non-Emergency FIZOM  
SCM Transportation, LLC.

219759

(FORM 1)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009. 442. T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Dino Carugno

Address:

3704 chapel lane  
myrtle Beach SC

29588

Telephone:

1. 843-503-1001

Dino

Fax:

2. 843-446-4573

Joey

Other:

Email:

843-742-5141

officer

dino Carugno@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

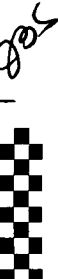
NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

RECEIVED

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100



**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
 (Office # 803-896-5100) (Fax # - 803-896-5199)

**CLASS C – NON-EMERGENCY**

**DATE** 9.28, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Scm Transportation LLC

2. (a) Street Address of Applicant 3704 chapel lane  
myrtle Beach SC 29588

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843-503-1001 Fi

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 9 Year: 2009

<b>Assets:</b>		
Cash	25,000	
Receivables		
Real Estate	300,000	
Buildings and Equipment-Net		
Motor Vehicles-Net	15,000	
Garage Equipment-Net		
Machinery and Tools-Net		
Supplies on Hand		
Prepays and Other Assets		
Total Assets	340,000	
<b>Liabilities and Equity:</b>		
Accounts Payable		
Notes Payable		
Mortgages Payable	275,000	
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
Total Liabilities		
Capital Stock		
Retained Earnings		
Total Equity	65,000	
Total Liabilities and Equity	275,000 + 340,000	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF \_\_\_\_\_

I, Dino M. Carugno Owner

(Name of Applicant's Representative) (Title)  
of Dino M. Carugno / Sam Transportation the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At \_\_\_\_\_

This the 13 day of Oct 20 09

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: My Commission Expires 11/12/2018

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Scm Transportation LLC

For the transportation of passengers as follows:

Area to be served: State of South Carolina

Number of passengers: 7

Fares: 5. mile

Date 9-28-09

Dino Caruso / Scm Transportation LLC

(Signature)

By

OWNER

Title

Rev. 8/00

EXHIBIT D

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
1	Ford	2000 Windstar	2FMZA51H3VBA33020	7 PASS	2645
2	Ford	2002 Windstar	2FMZA52442BA91546	7 PASS	2645
3	CHEV	2001 Venture	1GNDXD3E24D236708	7 PASS	2645
4	Dodge	1999 CARAVAN	1B46P74L6XB851479	7 PASS	2645
5	Chrysler	2003 Town & Country	2CYGP44303R307233	7 PASS	2645

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Date:

9/28/09

(Applicant)

(Applicant's Representative)

(Title)

Scm/transportation LLC

Dino Carugno

OWNER

## INSURANCE QUOTE

The following insurance quote is for:

Scm Transportation LLC

(Name of Motor Carrier)

3704 chapel lane myrtle Beach SC 29588

(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

### Amount of Premium:

Liability Insurance

4032

The above quoted premiums are for a term of 12 months.

Southern United

(Insurance Company Name)

1295 celebration Blvd Florence SC 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/28/09

Date

Jerry Posten

(Authorized Insurance Company Representative)

**EXHIBIT FWA**

Name: Scm Transportation LLC  
Address: 3704 chapel lane myrtle Beach SC 29588  
Telephone No. 843.563.1001 Fax No. 843.742.5141  
2. 843.446.4573  
U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

[Signature]

(Applicant's Signature)

Sworn to before me


At 3681 Reuce Dr MB SC 29579

This 13 day of Oct 2009  
[Signature]  
(Notary Public)

Commission Expires: My Commission Expires 11/12/2018

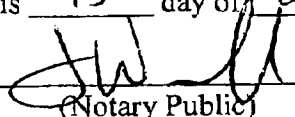
## APPLICANT'S OATH

I, Dino Enayna / Sam Transportation, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

  
(Applicant's Signature)

Sworn to before me  
At 3681 Renee Dr MB SC 29579

This 13 day of Oct, 2009

  
(Notary Public)

Commission Expires: My Commission Expires 11/12/2018



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SCM TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 20th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
21st day of January, 2009.

A handwritten signature in cursive script that reads "Mark Hammond". The signature is written in black ink and is positioned above the printed name.

Mark Hammond, Secretary of State